



Youth Services & Community Affairs Neighborhood Organization Information

Date: _____

Name of Association: _____

Year Established (if known): _____

Estimated Number of Active Members: _____

Neighborhood Boundaries: North _____

South _____

East _____

West _____

Does Your Association Have a Web Site? _____ NO _____ YES

If yes, URL: _____

Does Your Association Have Regular Meetings? _____ NO _____ YES

If yes, when/where are your meetings? _____

Brief Statement of Association Objectives, Goals, and/or Concerns

Please return form to: Youth Services & Community Affairs/Neighborhood Relations
315 S. Hollywood Street, Memphis, TN 38104
(901) 636-6261 office *** (901) 452-2510 fax

(or submit form online via e-mail – see bottom of page 2)

Current Association Officersfrom _____ to _____
Month/Year Month/Year_____
Name (please print)_____
Title_____
Signature_____
Date_____
Email_____
Street Address_____
Zip_____
Phone_____
Name (please print)_____
Title_____
Signature_____
Date_____
Email_____
Street Address_____
Zip_____
Phone_____
Name (please print)_____
Title_____
Signature_____
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Phone***Please return form to:******Youth Services & Community Affairs/Neighborhood Relations –or–******315 S. Hollywood Street, Memphis, TN 38104******(901) 636-6261 office *** (901) 452-2510 fax***